

Consequences of the End of Roe: Lessons from the Turnaway Study

Diana Greene Foster, PhD
Professor, UCSF
Director of Research, ANSIRH

NAPCRG Conference
November 1, 2023

→ I have no disclosures

The end of a federally protected right to abortion

- Dobbs v Jackson Women's Health Court case about a Mississippi ban on abortion after 15 weeks of pregnancy
- In their June 2022 decision, the Court repealed Roe v. Wade, ending nearly 50 years of federal protections for abortion
 - According to the decision, the constitution does not protect abortion rights at any point in pregnancy.
 - The right to abortion depends on where you live.
 - As a result, many states are banning abortion.

This decision directly affects over a third of US women*

- One quarter of women live in states that have banned abortion
- Another 10% live in states where it will likely be banned.
- Residents of abortion-hostile states obtained 300,000 abortions in 2020, before the Dobbs decision.

*As well as an unknown number of pregnancy capable transmen and non-binary people.

What are the options for someone with an unwanted pregnancy who lives in a state with an abortion ban?

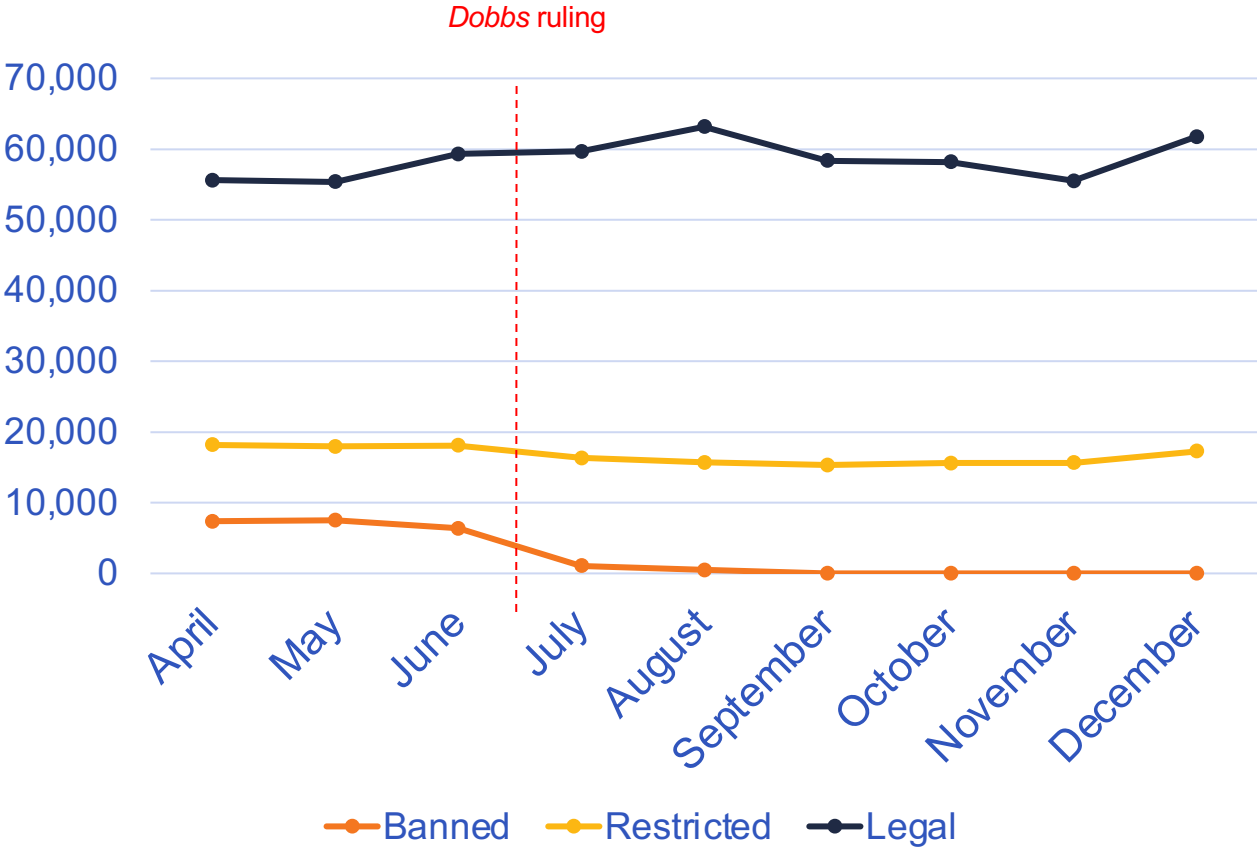
1. Travel out of state for an abortion procedure
2. Obtain medication abortion pills
3. Attempt abortion without medication abortion
4. Carry the pregnancy to term

Option 1: Travel out of state

- More than a quarter of US women now live more than 200 miles from an abortion facility.
- Long travel distances increase costs of abortion and cause delay.
- Living over 120 miles from an abortion facility (compared to less than 5 miles) is associated with a 68% decline in the abortion rate.
- Travel is more difficult for people later in pregnancy, those without money or resources to travel, minors, undocumented immigrants, people with disabilities, people incarcerated or hospitalized.

There has been a lot of travel in the six months post Dobbs

Source: #WeCount (co-led by UCSF's Dr. Ushma Upadhyay)
Includes travel for procedures and medication abortion



66,510 fewer abortions in states with new restrictions

31,180 more abortions in other states

Option 2: Obtain Medication Abortion pills

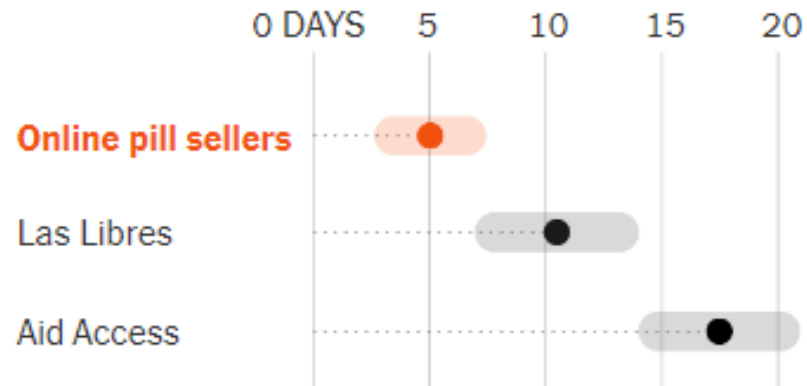
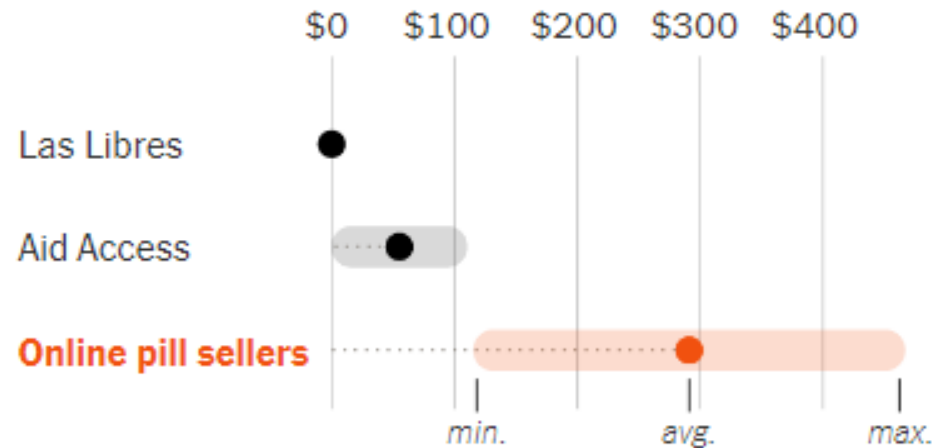
- Medication abortion (mifepristone and misoprostol) are highly effective and constitute more than half of abortions in the US.
- In 2021, the Food and Drug Administration allowed patients to receive abortion pills by mail (previously only in person from specially certified health providers).
- Pills dispensed on-site and through telemedicine from clinics in states without bans (included in previous travel slide)
- Pills available through telemedicine from Aid Access
- Pills available through international online pharmacies and Las Libres

Barriers to Obtaining/Using Medication Abortion pills

- Not everyone knows about this option (PlanCpills.org and IneedanA.com)
- Ordering pills online requires computer or smart phone literacy, access to a credit or debit card, and a mailing address.
- Most states that ban abortion also ban telemedicine.
- Pills can be slow to arrive and could be intercepted
- Users may not have support or information about what to expect. (mahotline.org)
- Fear of legal risk (<https://www.reprolegalhelpline.org>)
 - May prevent people from seeking medical care when needed.

Cost and speed of online medication abortion

- Cost ranges from free to \$500.
- Delivery time ranges from 3 days to 3 weeks.
- More expensive and potentially least regulated arrives fastest

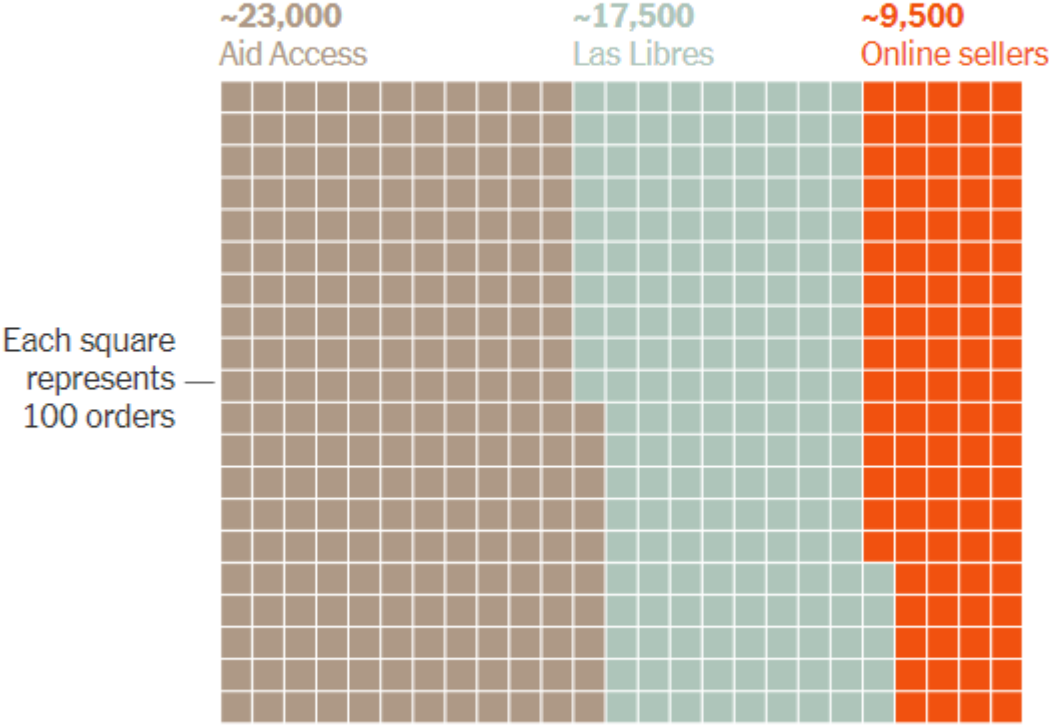


Sources: Plan C; online pill sellers

There have been a lot of abortion pills sent in the six months after Dobbs

50,000

Estimated abortion pills provided by sources outside the U.S. health care system, July-Dec. 2022



Note: Not all of this is new. For example, Aid Access served just under half this quantity pre-Dobbs

Sources: Las Libres; online pill sellers; Abigail Aiken at the University of Texas at Austin • Note: Aid Access figures reflect that 50 to 60 percent of requests typically result in shipments.

Source: <https://www.nytimes.com/interactive/2023/04/13/us/abortion-pill-order-online-mifepristone.html>

Not all need for abortion has been met

- 35k fewer formal sector abortions post-Dobbs (WeCount)
- 50k Aid Access/informal sector pills sent post-Dobbs (NYTimes)

BUT

- 50k is not a net increase (many people received informal sector pills prior to Dobbs)
- Some people may be ordering for advance use
- Demand for abortion may be increasing
- Some people who couldn't get a formal sector abortion pre-Dobbs may be able to access pills

Estimates of the fraction of people who will not be able to get an abortion

→ Studies of financial barriers to abortion

→ **One quarter** of women who otherwise would have been able to get an abortion carried to term when Medicaid stopped covering abortion in their state (many studies)

→ Studies of travel barriers to abortion

→ **One quarter** of people may be unable to travel based on distance to the nearest abortion provider (Myers)

→ Are travel and cost the major barriers now?

→ What about legal barriers, information barriers, stigma?

Option 3: Attempt to self manage an abortion without medication abortion

- Already common but hard to measure: Pre-Dobbs, 7% of US women attempt to end a pregnancy on their own (lifetime estimate)
 - 27% successfully
 - Most common methods: herbs, misoprostol/mifepristone, other drugs, and physical methods (hitting self in abdomen)
 - 11% report complications requiring treatment

Source: Ralph LJ, Foster DG, Raifman S, Biggs MA, Samari G, Upadhyay U, Gerdt C, Grossman D. Prevalence of Self-Managed Abortion Among Women of Reproductive Age in the United States. *JAMA Network Open*. 2020;3(12):e2029245.

Option 4: Carry the pregnancy to term

What would be the consequences?

UCSF Turnaway Study

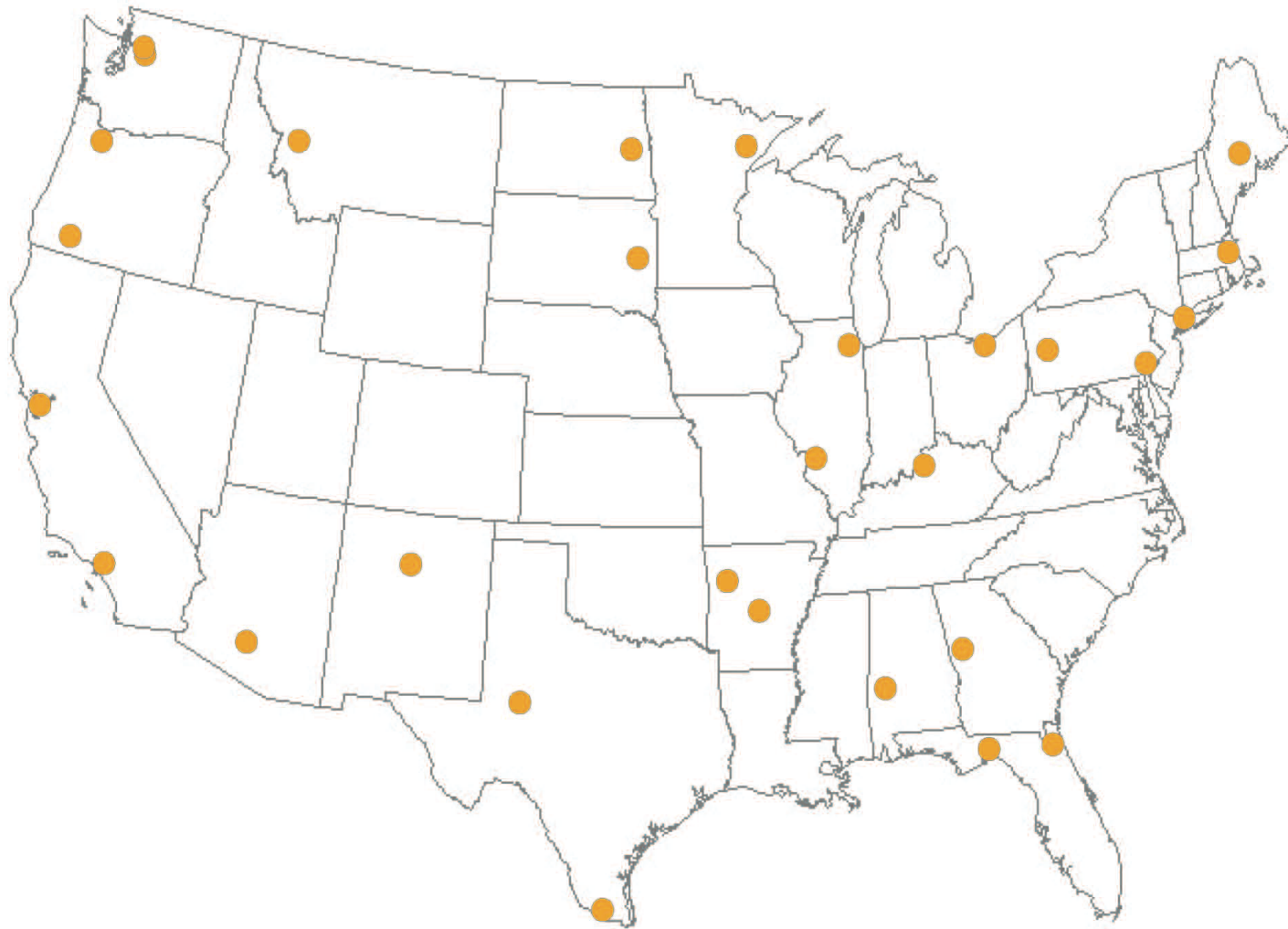
Describes the mental health, physical health and socioeconomic consequences of receiving an abortion compared to carrying an unwanted pregnancy to term.

What are the physical, mental and socioeconomic impact of having to carry an unwanted pregnancy to term?

Turnaway Study Design

- Recruited three types of women between 2008 and 2010
 - 1. Just a few weeks too late in pregnancy to get an abortion at that site (Turnaways).
 - 2. Just a few weeks below the limit and got an abortion.
 - 3. In the first trimester and got an abortion.
- Interviewed almost a thousand women between 2008 and 2016
- Followed each woman for up to 5 years with semi-annual telephone surveys in English or Spanish.

Turnaway Study Recruitment Sites

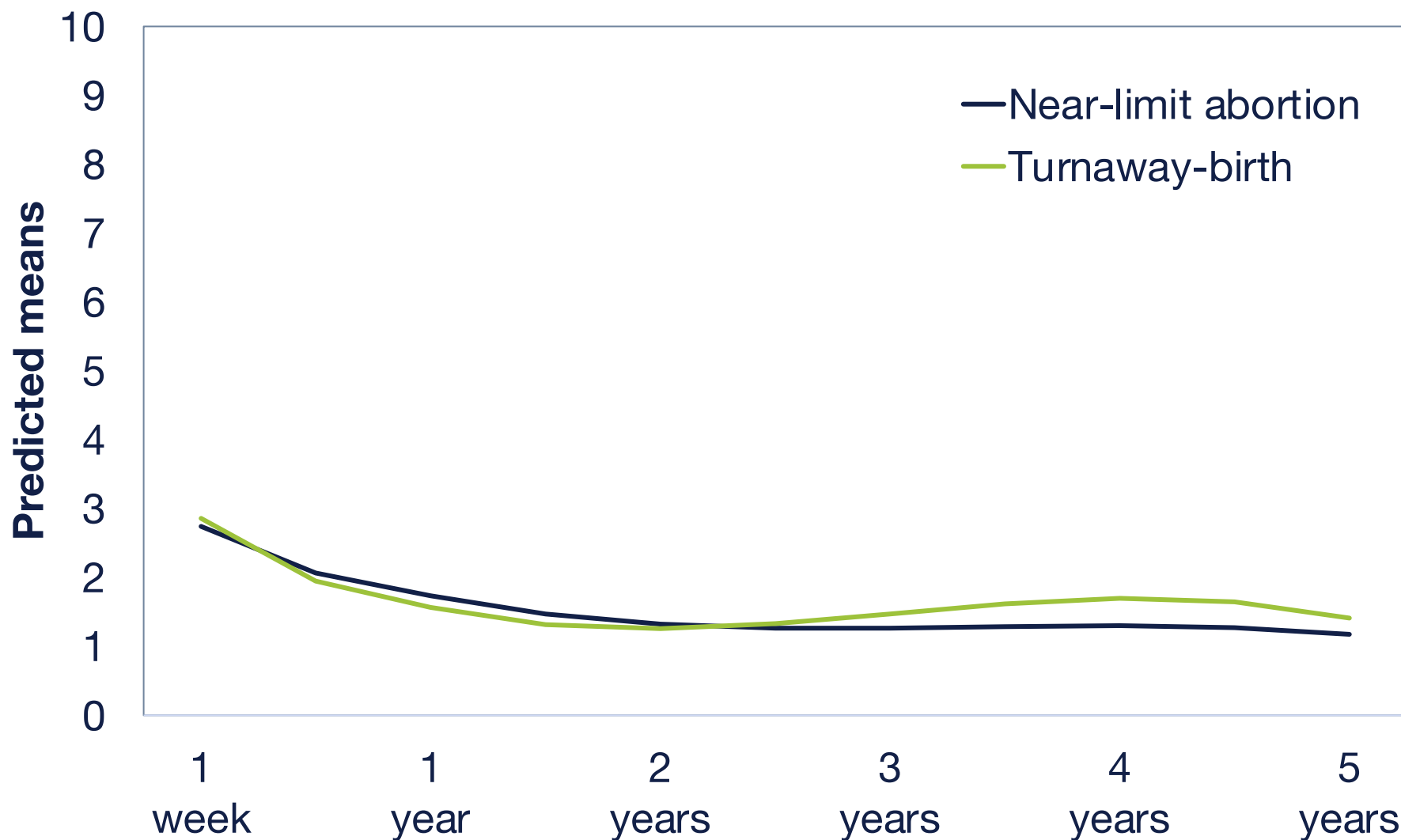


Recruit from 30 abortion providers who have the latest gestational limit within 150 miles

What are the mental health consequences of receiving or being denied a wanted abortion?

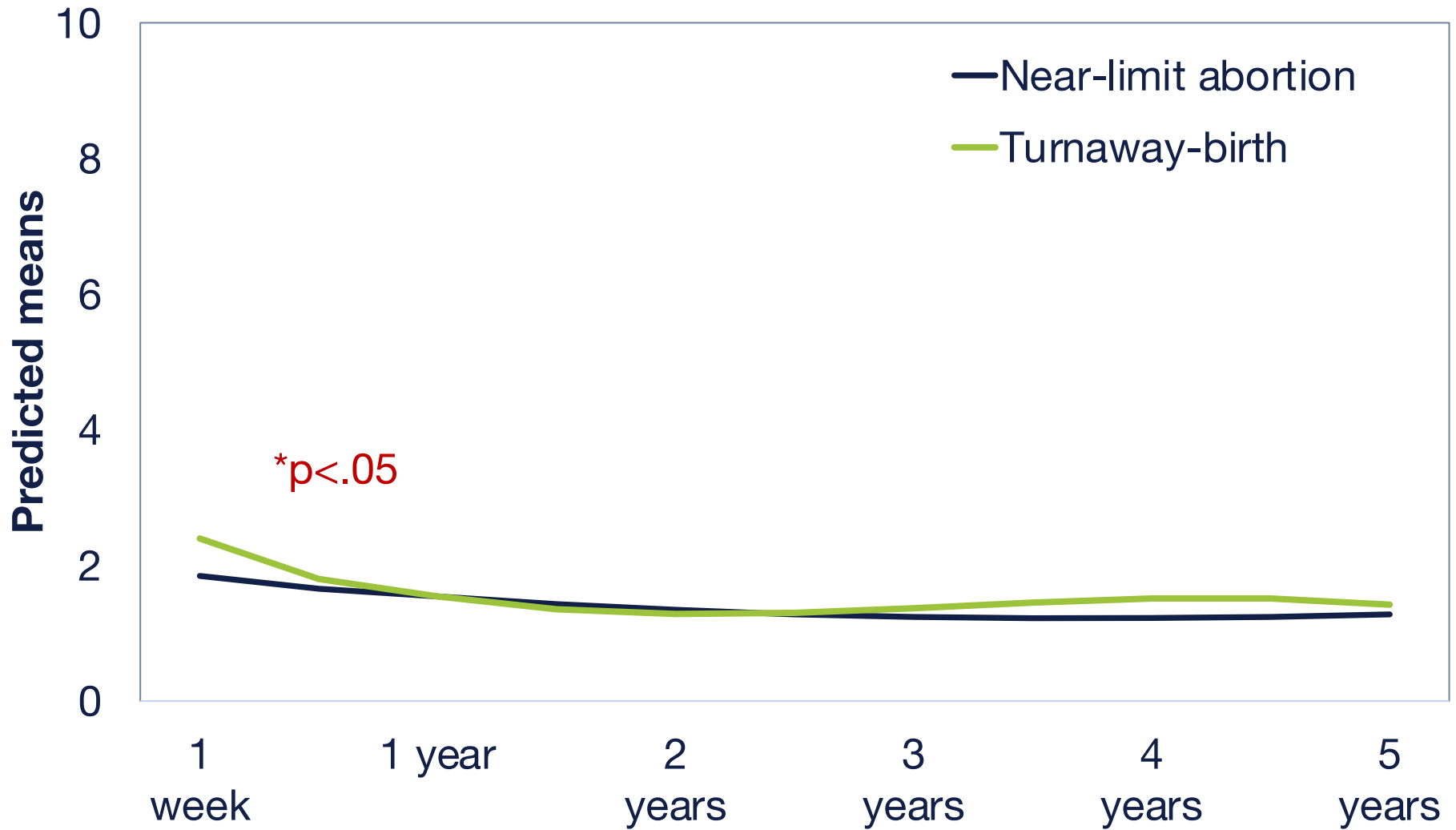
- Denying a woman an abortion is more harmful, at least initially, than allowing her to get one.
 - greater anxiety, lower self-esteem
- The mental health of both women who receive and women who are denied abortions are eventually similar.
 - Both improve over time!

Depressive symptoms (scale 0-24)



Biggs et al. JAMA-Psychiatry, 2017

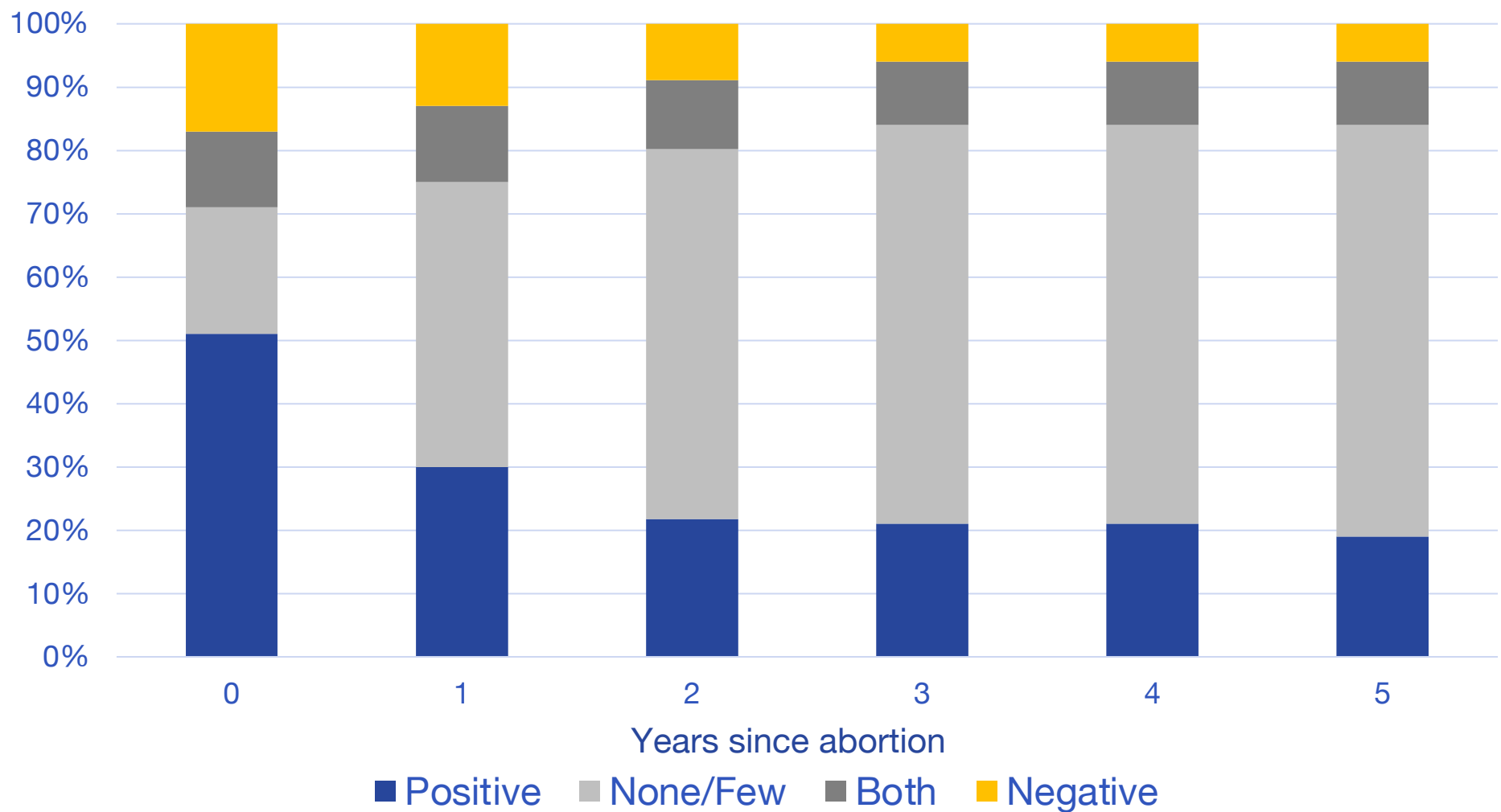
Anxiety symptoms (scale is 0-24)



What are the emotional consequences of receiving or being denied a wanted abortion?

- More than 95% of women who received an abortion say it was the right decision.
- Positive emotions (especially relief) are more common than negative ones (like sadness, anger or guilt)
- About four in ten women have some negative emotions one week later
 - Even among people with negative emotions, 90% say it was the right decision.
- Most women denied an abortion say they are glad they were denied the abortion (only 12% still wanted the abortion after the birth of the child)
 - Less so among the small fraction (9%) who chose to place for adoption

Emotion groups over 5 years, among all women who received an abortion



What are the differences in physical health between women who received and women who were denied?

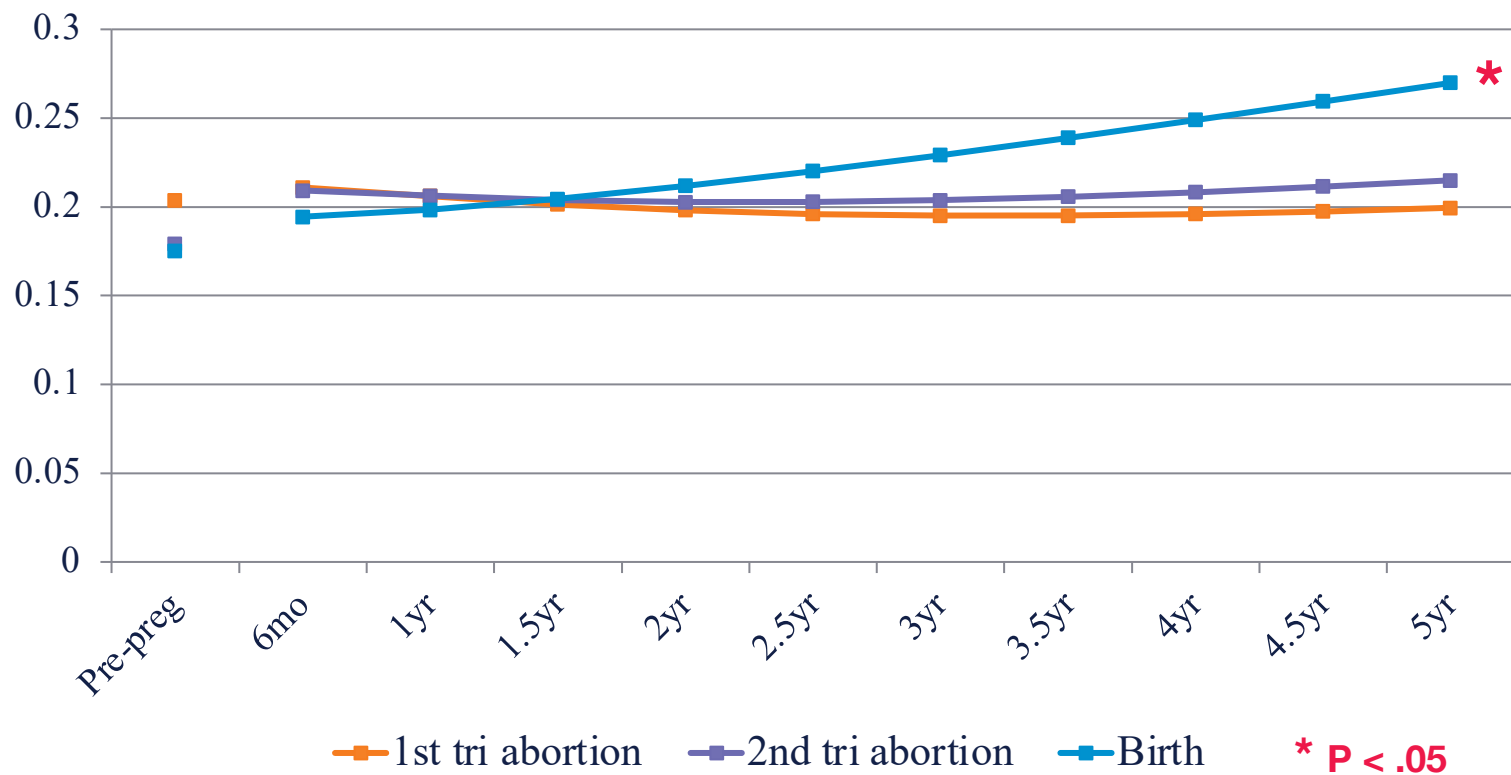
- Continuing pregnancy and delivering a child is a BIG DEAL.
 - Women are much more likely to have a life-threatening complication from birth than from abortion.
- We find worse physical health among women who delivered that lasts for years.
 - Women denied abortion have more hypertension, joint pain, back pain, headaches/migraines and poor health.
 - Two maternal deaths.

Self-rated physical health

Baseline: *How would you rate your physical health just before you became pregnant?*

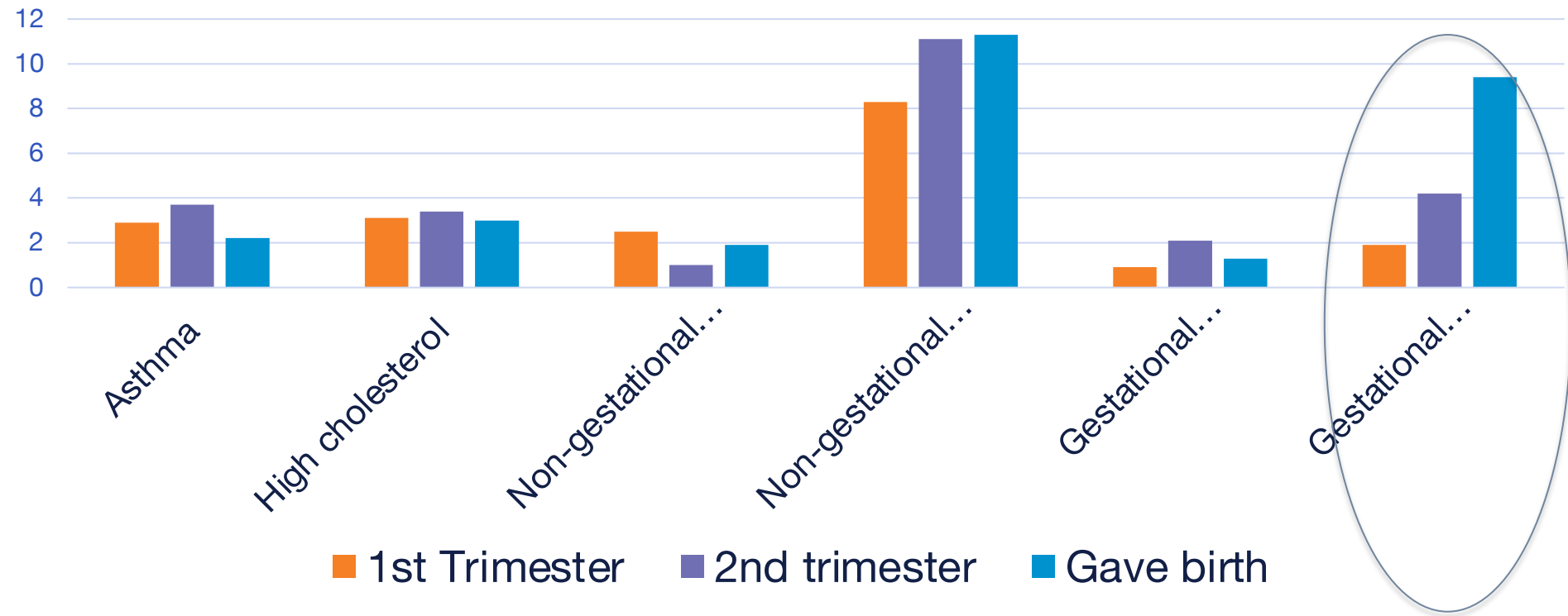
All interviews: *How would you rate your physical health now?*

Self-rated fair or poor health



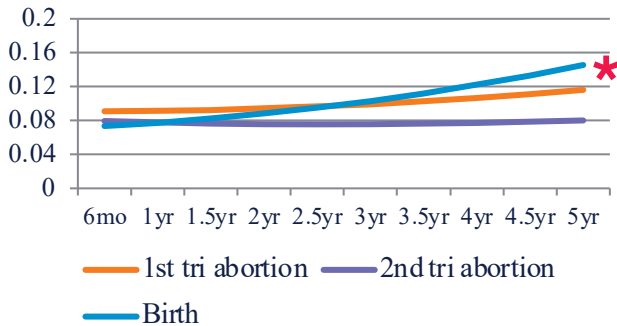
Chronic conditions

New Diagnoses of Chronic Conditions over Five Years

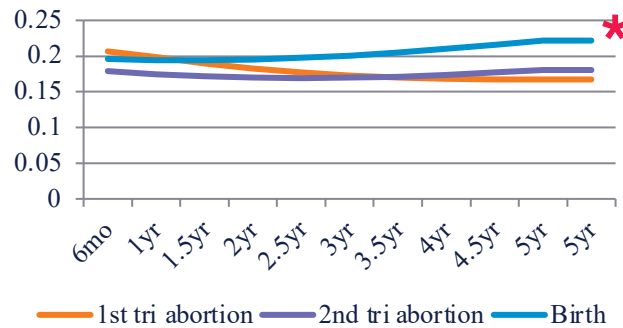


Chronic pain over five years

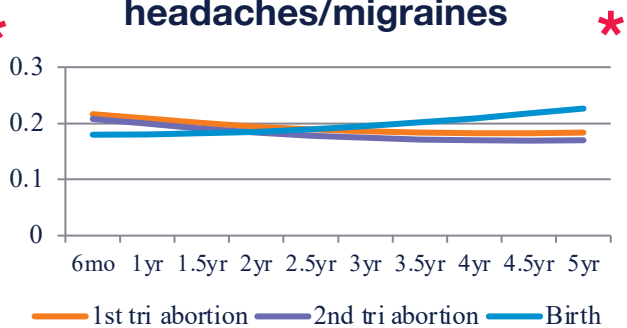
Chronic joint pain



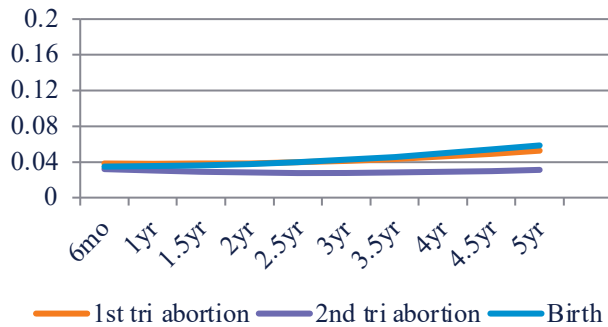
Chronic back pain



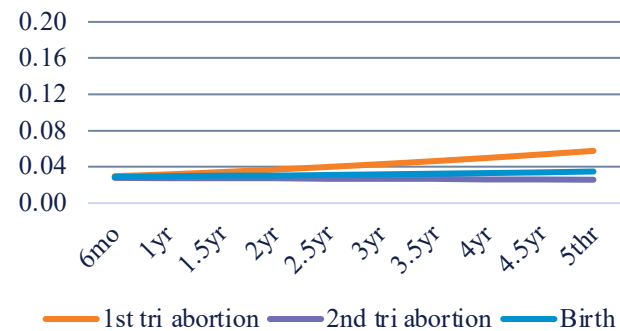
Chronic headaches/migraines



Chronic abdominal pain



Chronic pelvic pain



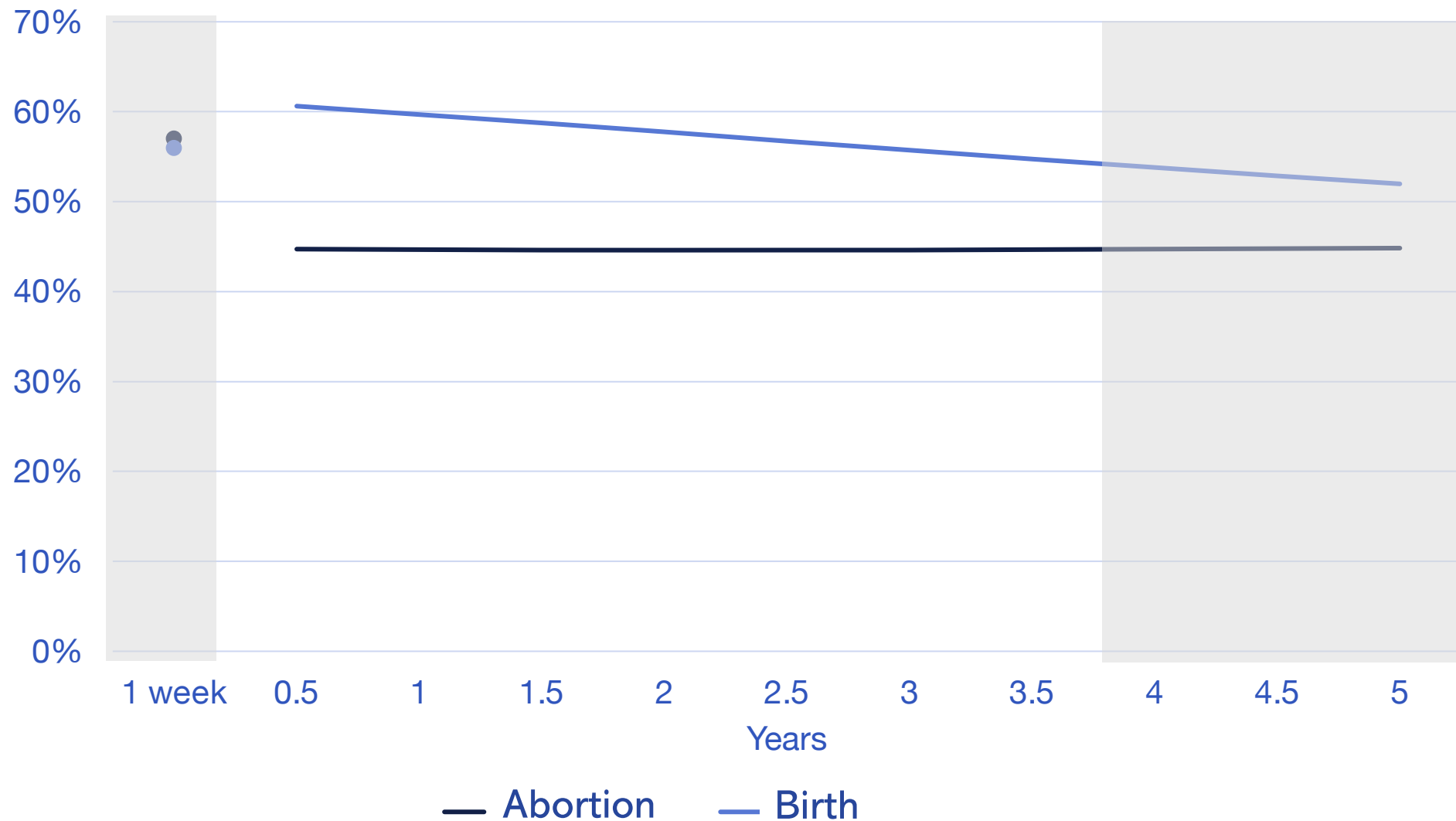
* P < .05

What about differences in other life outcomes?

Compared to women who received an abortion, women denied a wanted abortion

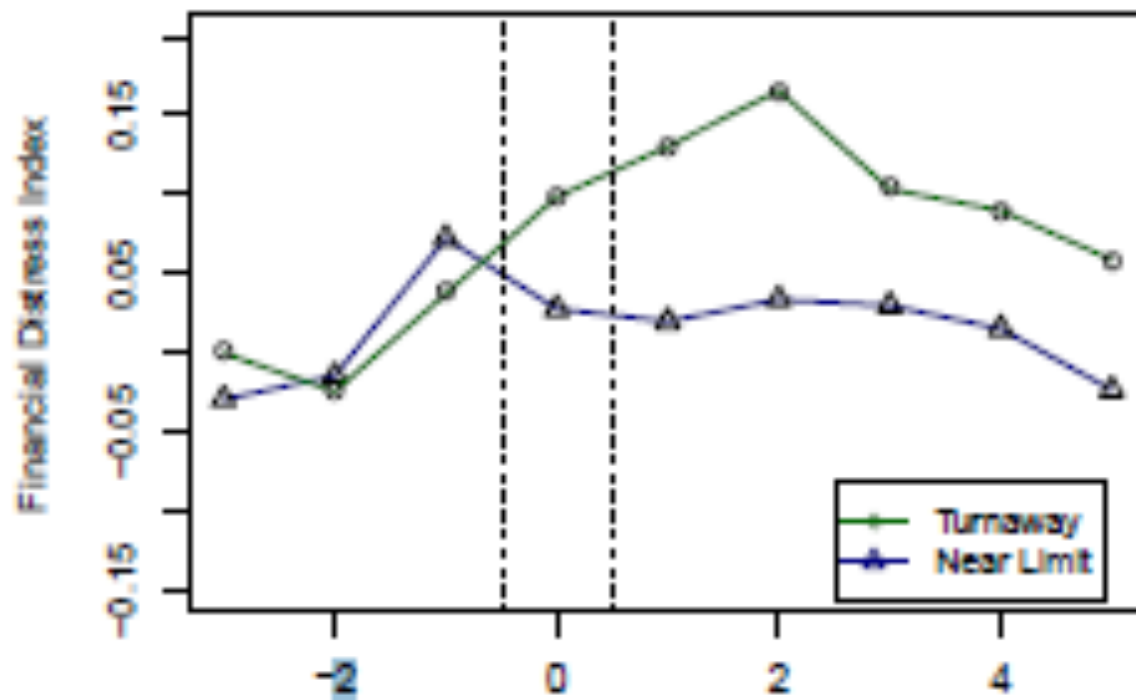
- More likely to live below the poverty level.
- More likely to report that they can't afford basic living expenses.
- More likely to be evicted, declare bankruptcy, have a lot of debt
- Less able to provide for existing children.
- Less likely to have an intended pregnancy in the next five years.
- Equally likely to be in a romantic relationship with the man involved in the pregnancy
- Less likely to be in a “very good” romantic relationship with any partner.
- Less likely to set aspirational plans.

Household below 100% Federal Poverty Level



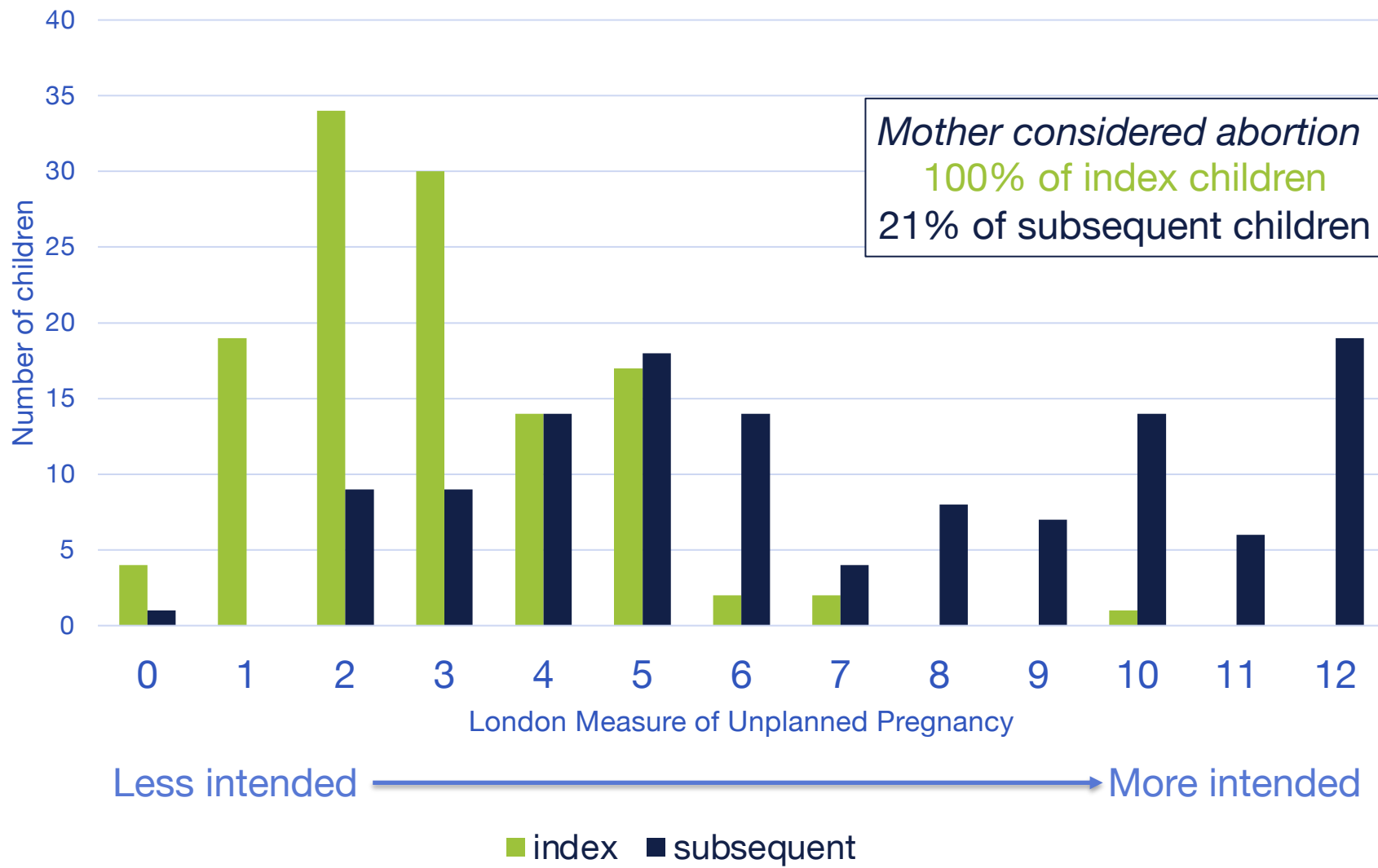
Financial distress index (data from credit reports)

- Financial distress is unpaid medical or utility bills; severely delinquent credit card debt; public records of bankruptcies, tax liens or evictions; or subprime credit score.
- In the 3 years prior to the year of the pregnancy, Turnaways and Near Limits were the same.
- After the pregnancy, the two groups diverge.



Years before and after index pregnancy

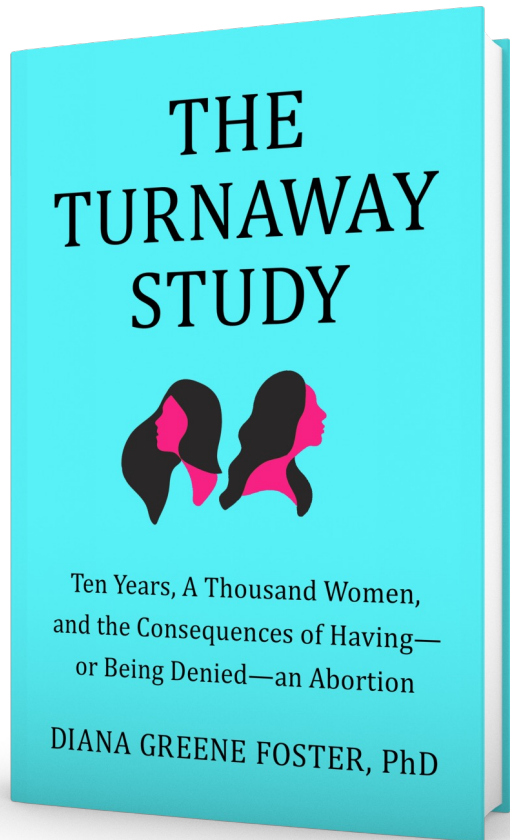
Pregnancy intendedness index and subsequent children



Conclusions

- The Turnaway Study demonstrates the importance of access to abortion services on women's physical health, the wellbeing of their families and the trajectory of their lives.
- Among women who want to end their pregnancies, abortion is associated with improved
 - Physical health,
 - Financial security,
 - Aspirational plans,
 - Ability to take care of existing and future children.

Turnaway Study



<https://www.ansirh.org/research/brief/turnaway-study-annotated-bibliography>

www.simonandschuster.com/books/The-Turnaway-Study

My predictions of the likely consequences of a loss of a constitutional right to abortion based on the Turnaway Study

Slide 34

Wealthier people will still get abortions, at great cost.
Lower-income and disadvantaged people will be more likely to carry pregnancies to term.

- People with the information, financial resources and physical capability will travel hundreds of miles to get an abortion in another state or find a way to access medication abortion pills online.
- People without the means to circumvent their state's laws will likely give birth instead.

People who are pregnant and don't want to be will face serious physical health risks.

- In the short term, we may hear of cases of people attempting abortion through self harm.
- Some people forced to carry a pregnancy to term will die.
 - Women in the US, particularly Black women, die at rates far higher than those of other developed countries.
- People carrying pregnancies to term will experience worse physical health, likely for the rest of their lives.
 - Women who carried their pregnancies to term reported a higher incidence of hypertension and chronic pain and a greater likelihood of poor health compared to those who received an abortion.

Few people will place their children for adoption.

→ When people are unable to get an abortion, the vast majority — about 90 percent — choose to parent the child.

More unwanted births now means fewer wanted births later.

- There will not be a large increase in the total number of children born.
- Banning abortion means that people have children before they're ready — and then are less likely to have children later
 - because they have had all the children they want or can care for
 - or because, although they may want more children, their life circumstances don't improve to a point where they can do so.

Those unable to get an abortion will experience economic hardship and curtailed life ambitions.

- People who can't get a wanted abortion report more financial insecurity, less full-time employment, more public assistance but not enough to keep the family from poverty.
- Years later, those denied abortions are still more likely than those who receive them to not have enough money for basic living needs; they have higher debt and are more likely to have been evicted.
- Having control over childbearing affects one's aspirations and achievement of life goals.

More children will be raised in poverty and strain.

- Children born from an unwanted pregnancy do worse than the next child born to someone who got their abortion
 - Children born because their parent was denied an abortion were more likely to live in poverty
 - Their mothers report worse emotional bonding.
- Existing children suffer when parents lose control over the circumstances and timing of subsequent births.
 - These children are more likely to live in poverty and less likely to achieve developmental milestones.

Taking away people's control over childbearing has long term negative impacts

- People seeking abortion understand their circumstances
- Among women who want to end their pregnancies, abortion is associated with improved physical health, financial security, aspirational plans, and ability to take care of existing and future children.
- The result of Dobbs will be to deepen existing health disparities and economic inequalities

Pregnant people can make decisions that are right for themselves and their families.

Taking away their options will make their lives harder.

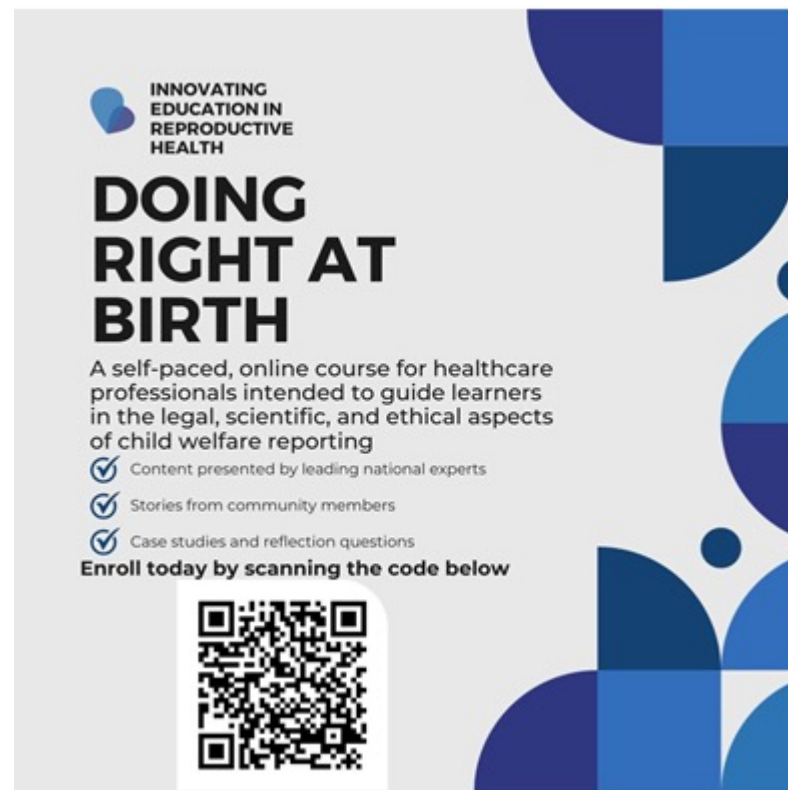
What is the role of primary care providers in mitigating the harms of bans?

Role of the medical community in expanding access

- Expand access to care
 - Provide under shield laws (if speak a rare language).
 - Resist efforts to silo abortion into separate clinics
 - Support training of different types of providers (e.g., APCs to do abortion/miscarriage management because these provide care in rural areas)
- Do community and political work to uplift issue of abortion
 - Op-eds, talk to city councils, elected officials
 - Work to stop Hyde Amendment.
- Support efforts already underway
 - Volunteer at Miscarriage & Abortion hotline
 - (Dr. Linda Prine) (especially Spanish or Dari speakers)
 - Donate to hotlines
 - Send stamps to Las Libres

Role of the medical community in mitigating the harms of abortion bans

- Reduce risk of criminalization
 - Take care in what is noted in medical record (eg, mention of considering abortion, use of medication abortion, date and place of past abortions)
 - Consider what is private vs not in medical record (eg, sticky notes that don't get stored)
 - Take steps to reduce reporting. Consider reporting requirements. (Pathways for reporting: IPV reporting, substance use and pregnancy reporting, reduce overreporting to child welfare)




INNOVATING
EDUCATION IN
REPRODUCTIVE
HEALTH

DOING RIGHT AT BIRTH

A self-paced, online course for healthcare professionals intended to guide learners in the legal, scientific, and ethical aspects of child welfare reporting

- ✓ Content presented by leading national experts
- ✓ Stories from community members
- ✓ Case studies and reflection questions

Enroll today by scanning the code below



Questions or Comments?

Diana Greene Foster, PhD

diana.foster@ucsf.edu

